PTOISB06 (12-04)
Approved for use through 7/37U2000, Ouigi 0651-0002
U.S. Patient and Trademark Office: U.S. OE/ARTHEEN OF COMMERCE
sperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a wild OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											100	Application or Occurs Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							olumn 2)		SMAL	LENTITY	OR		R THAN BYTTY	
FOR			NUMBER FILED		,	NUMBER EXTRA		1	RATE (5)	FEE (5)	7	RATE (5)	FEE (8)	
BASIC FEE (37 CFR 1.16(a), (b), tr (c))				N/A		N/A		1	NOA		7	NA	1	
SEARCH FEE (37 CFR 1.16(k), (f), or (ra))			NIA			N/A		1	NA		7	N/A		
EΧ	AMINATION FEE CFR 1.16(0), (p), or		N/A			N/A		1	NA		7	NA		
TOTAL CLAIMS (37 CFR 1.16(1))			minus 20 =		20 -			1	x ·	,	OR.	x =		
INDEPENDENT CLAIMS (37 OFR 1.16(h))			minus 3 ·			•		7	х :		7	x =		
APPLICATION SIZE APPLICATION SIZE Eheets of paper, the application size fee due to \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).														
MULTIPLE DEPENDENT CLAIM PRESENT (D) CFR 1.18(1))								ٔ ا	NA]	N/A	<u> </u>	
* If the difference in column 1 is less than zero, enter "O" in column 2.									TOTAL		_	TOTAL		
	APPI	LICAT	ION AS	AMEND	ED - F	PART II								
7 7 (Ste (Column 1) (Column 2) (Column 3)									. SMALI	ENTITY	OR		R THAN ENTITY	
MENT A		REA	AIMS VAINING FTER NOMENT	·	NUI PREV	KEST KBER KOUSLY FOR	PRESENT EXTRA		RATE (\$)	ADOI- TIONAL FEE (5)		RATE (S)	ADOI- TIONAL FEE (\$)	
	Total GT CFR 1.1400	ئ '	30	Minus	ئى "	10	.0		x •		۔وو [30-		
ENDM	troces energy		3	Minus	:	3	°0	11	x =		OR	x 200 _	X	
AME	Application Size	e Fce (37 CFR 1.16(s))]]]			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(j))								NVA		OR	N/A_		
1/3(/07(Cohemn 1) (Cohemn 2) (Cohemn 3)									ADD'L FEE		OR	TOTAL ADO'L FEE		
	13(10	(1000	emo 1)		_	turn 2)	(Column 3)	1 1			-			
AMENDMENT B		REM	AIMS AINING FTER IOMENT		NUM PREVI	CEST BEER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOH- TIONAL FEE (\$)	
	Total (SF CFR 1.160)	Ó	0	Minus	-2	2	<i>- 0</i>		x =		OR	x •		
EN C	Independent OF OFR LISPU)	•	3	Minus		3	° 0		x -		OR	х с	X	
¥	Application Size Fee (37 CFR 1.16(a))									 	-		/	
ل	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.140))								N/A	<u> </u>	OR	NA		
									TOTAL ADDL FEE		OR	TOTAL ADOL FEE		
•	If the entry in or If the "Highest in If the "Highest in	Sumber	Previously	Pald For	IN THIS	SPACE	is less then 20,	ente			•	!		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This coflection of information is required by 37 CFR 1.14. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This coflection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO make you require to complete the completed opposition form to the USPTO make you depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.